



State of New Hampshire 2004 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2004

ANNUAL REPORTS RECEIVED AFTER APRIL 15, 2004,
WILL BE ASSESSED A \$50.00 LATE FEE.

Filed

Effective Date: 02/24/2004

Business ID: 363748

William M. Gardner

Secretary of State

200405590009

N P B & ASSOCIATES, LLC

154 FARRINGTON CORNER RD
HOPKINTON, NH 03229

ADDRESS OF PRINCIPAL OFFICE:

154 FARRINGTON CORNER RD
HOPKINTON, NH 03229

1 REGISTERED AGENT AND OFFICE:

NANCY P BROWN
154 FARRINGTON CORNER RD
HOPKINTON, NH 03229

ENTITY TYPE: LLC

BUSINESS ID: 363748

STATE OF DOMICILE: NEW HAMPSHIRE

FEDERAL ID: 020522373

CONFLICT RESOLUTION TRAINING & CONSULTATION

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

A

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

B

NAME NANCY PERMENTER BROWN

STREET 154 FARRINGTON CORNER ROAD

CITY/STATE/ZIP HOPKINTON, NH 03229

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

To be signed by the Manager, if no manager, must be signed by a member.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

NANCY PERMENTER BROWN

Please print name and title of signer:

NANCY PERMENTER BROWN

/

MEMBER

NAME

TITLE

REPORT FEE IS: \$100.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529